

NINE MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date	Last Name	First Name	AHCCCS ID #	DOB	Age
Primary Care Provider		PCP ph. #	Health Plan	Accompanied By (Name)	Relationship
Admitted to NICU: (Birth) <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Medications/Vitamins/Herbal Supplements:		Risk Indicators of Hearing Loss: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies:		Birth Weight:	Weight:	Length:	Head Circumference:
		lb oz	lb oz %	cm %	cm %

FAMILY/SOCIAL HISTORY: (Current Concerns/ Follow-Up on Previously Identified Concerns)

PARENTAL/HEALTH CARE DECISION MAKER CONCERNS: How are you feeling about baby? Do you feel safe in your home?

DEVELOPMENTAL SCREENING TOOL COMPLETED: ☐ ASQ ☐ PEDS

VERBAL LEAD RISK ASSESSMENT: Child At Risk ☐ Yes ☐ No (If Yes, Appropriate Action to Follow) Lives in High Risk Zip Code ☐ Yes ☐ No

ORAL HEALTH: White Spots on Teeth: ☐ Yes ☐ No ☐ Parent Cleaning Baby's Gums with Infant Toothbrush

☐ Fluoride Supplement ☐ Fluoride Varnish by PCP (every 3 months)

NUTRITIONAL SCREENING: ☐ Breastfeeding ☐ Formula Amount: _____ ☐ Supplements: ☐ Vit D ☐ Receiving WIC Services

Adequate Weight Gain ☐ Yes ☐ No Plan to Introduce Table Foods _____ ☐ Drinks from Cup ☐ Soda/Juice

DEVELOPMENTAL SURVEILLANCE: <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-9mo.html> ☐ Sits Independently

☐ Pulls to Stand/Cruising ☐ Plays Peek-A-Boo ☐ Uses Words "Mama/Dada"

☐ Waves Bye-Bye ☐ Wary of Strangers ☐ Immature Pincer ☐ Repeats Sounds/Gestures for Attention ☐ Explores Environment

☐ Other _____

ANTICIPATORY GUIDANCE PROVIDED: ☐ Emergency/911 ☐ Gun Safety ☐ Drowning Prevention ☐ Safe Sleep ☐ Shaken Baby Prevention ☐ Choking Prevention/Soft Texture Finger Foods ☐ Car/Car Seat Safety (Rear-Facing) ☐ Passive Smoke ☐ Sun Safety ☐ Safety at Home/Child-Proofing ☐ Sleep/Wake Cycle ☐ TV Screen Time ☐ Exploration/Learning ☐ Redirection/Positive Parent ☐ Language/Read to Child/Introduce Board Books ☐ Follow Child's Lead in Play ☐ Parent Communicates to Child "What Things Are" (Ball, Cat, Etc.) ☐ Other _____

SOCIAL-EMOTIONAL HEALTH (OBSERVED BY CLINICIAN/PARENT REPORT): ☐ Family Adjustment/Parent Responds Positively to Child

☐ Appropriate Bonding/Responsive to Needs ☐ Self-Calming ☐ Growing Independence ☐ Shows Preference for Certain People/Toys

☐ Cries When Primary Caregiver Leaves ☐ Postpartum Depression ☐ Other: _____

COMPREHENSIVE PHYSICAL EXAM:

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

ASSESSMENT/PLAN/FOLLOW-UP:

LABS ORDERED: ☐ Blood Lead Testing (Child at Risk) ☐ Finger Stick (Result: _____) ☐ Venous ☐ Hgb/Hct ☐ Other _____

IMMUNIZATIONS ORDERED: ☐ HepB ☐ DTaP ☐ Hib ☐ IPV ☐ PCV ☐ Influenza ☐ Other _____
☐ Given at Today's Visit ☐ Parent Refused ☐ Delayed ☐ Deferred Reason: _____
☐ Shot Record Updated ☐ Entered in ASIIS ☐ Importance of Immunizations Discussed ☐ Parent Refusal Form Completed

REFERRALS: ☐ ALTCS ☐ Audiology ☐ AzEIP ☐ CRS ☐ DDD ☐ Dental ☐ Early Head Start ☐ OT ☐ PT ☐ Speech ☐ WIC Specialist:
☐ Developmental ☐ Behavioral ☐ Other _____

PROVIDER'S

SIGNATURE: _____

NPI: _____

Date: _____